

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	CH	1119	12-20-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	1/18/01
2	0
3	V
4	V
5	0
6	✓
7	0
8	0
9	N
10	V
11	V
12	0
13	✓
14	✓
15	0
16	0
17	✓
18	U
19	V
20	✓
21	0
22	0
23	V
24	
25	
26	
27	
28	✓
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31	
32	
33	
34	
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If more than 150 claims or 10 actions  
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